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*To ensure access to high-quality,
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health care to Los Angeles County
residents through direct services at
DHS facilities and through
collaboration with community and
university partners.*



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January 8, 2015

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D. *Mitchell Katz*
Director

SUBJECT: **ANALYSIS OF THE IMPACT LOSS OF THE LEVEL II
TRAUMA CENTER AT ST. FRANCIS MEDICAL CENTER**

On September 16, 2014, the Board instructed the Department of Health Services (DHS) to undertake an analysis of the impact loss of the Level II Trauma Center at St. Francis Medical Center (SFM) on the trauma and emergency medical service system as a whole and in the region currently served by the facility and to report back to the Board in 120 days outlining the consequences of a potential elimination of trauma services at SFM and a list of options for replacing those services.

The attached report is a response to Recommendations #1 and #4 of the motion. Recommendation #2 regarding the Emergency Medical Services Commission was deferred until a time that is deemed appropriate. Recommendation #3 regarding the feasibility of establishing trauma services at the Martin Luther King, Jr. Community Hospital will be addressed in a separate report.

Furthermore, Supervisor Yaroslavsky made a motion (Attachment II of the report) that the Board send a five-signature letter to the Attorney General urging her help to protect Los Angeles County residents by supporting the continued operations of the Level II Trauma Center at SFM, and expressing the County's strong opposition to the potential sale of the hospital to a buyer who would reduce critical trauma services. This letter has already been sent to the Attorney General and is included as Attachment III of the report.

If you have any questions or need additional information, please contact me or Christina Ghaly, Deputy Director, Strategy and Operations, at (213) 240-7787.

MHK:jp

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

Analysis of the Potential Loss of Trauma Services at St. Francis Medical Center in South Los Angeles

Purpose of Impact Evaluation

This report has been completed in response to a September 16, 2014 motion by Supervisor Mark Ridley-Thomas directing the Director of Health Services (DHS) to undertake an analysis of the potential impact of losing the Level II Trauma Center at St. Francis Medical Center (SFM) on the trauma and emergency medical service system as a whole and in the region currently served by the facility, to report back on the consequences of such loss, and the options for mitigating the loss (Attachment I, Directive #1 & #4).¹ Furthermore, Supervisor Yaroslavsky made a motion (Attachment II) that the Board send a five-signature letter to the Attorney General urging her help to protect Los Angeles County residents by supporting the continued operations of the Level II Trauma Center at SFM, and expressing the County's strong opposition to the potential sale of the hospital to a buyer who would reduce critical trauma services (Attachment III).

Scope of Impact Evaluation Report

The scope of this Impact Evaluation Report (IER) will consider the impact of the potential closure of SFM's Trauma Center on the following:

- Surrounding hospitals, including specialty and disaster services, and
- Prehospital emergency medical services provider agencies, including public and private providers.

Background

SFM is the only comprehensive, non-profit healthcare facility serving the southeastern area of Los Angeles. SFM is a 384-bed acute care hospital, with a 36-bed intensive care unit, and nine operating rooms. SFM is located in one of the most densely populated communities in Southern California and offers a full range of diagnostic and treatment services including trauma services.

SFM is one of the busiest Level II trauma centers in Los Angeles County, with a penetrating trauma (e.g., gunshot, stabbing) volume that is consistently the highest, or one of the highest, in the County since their designation on January 8, 1996. (See Chart 1 and Table 1.).

¹ The original motion was amended in the Sept 16, 2014 Board meeting to defer Directive #2 until a time it was deemed appropriate. Directive #3 is addressed in a separate report.

Chart 1.

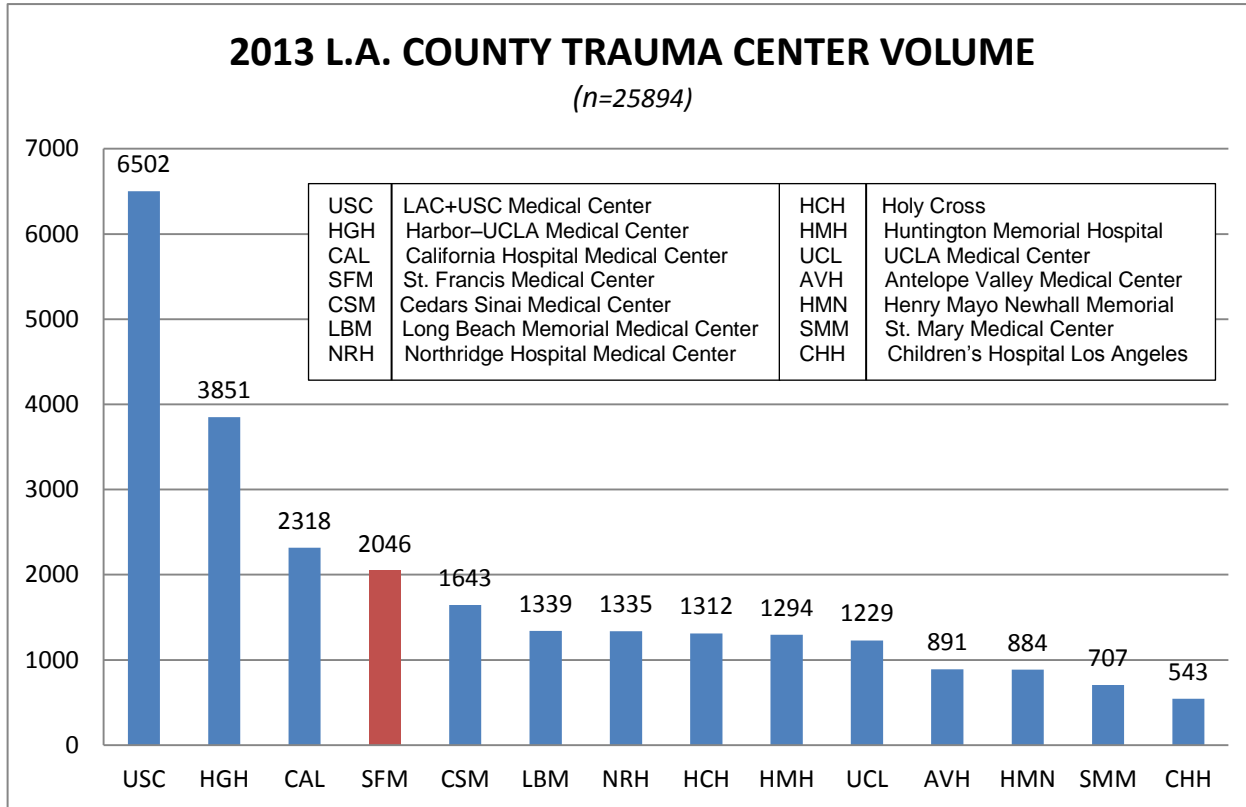


Table 1.

Trauma Center (anonymous hospital identifier)	% Admitted	% Direct To OR	Mean ICU Days	% Injury Severity Score (ISS) ≥ 10	% Penetrating Injury
1	61%	13%	6	47%	17%
2	56%	6%	6	24%	12%
3	48%	7%	4	21%	21%
4	48%	12%	7	36%	11%
5	81%	11%	3	22%	3%
6	49%	6%	4	21%	16%
7	64%	6%	4	33%	10%
8	51%	7%	4	30%	7%
9	64%	11%	5	36%	13%
10	64%	8%	4	33%	10%
11	46%	8%	6	21%	17%
12	60%	7%	4	37%	9%
13	70%	7%	4	32%	6%
SFM	47%	10%	5	26%	24%
L.A. County	55%	8%	5	28%	14%

In addition to the direct patient care provided to the critically injured, SFM's trauma service routinely provides numerous educational programs and injury prevention activities including:

- **Advanced Trauma Care for Nurses (ATCN)** an advanced course designed for the registered nurse interested in increasing his/her knowledge in management of the trauma patient.
- **Emergency Nursing Pediatric Course (ENPC)** developed by the Emergency Nurses Association to establish a standardized body of pediatric emergency nursing knowledge and to improve the care of all pediatric patients.
- **Helmet Safety Program** that over the past two years has distributed over 500 helmets to 3rd graders at local elementary schools with in class presentations on the importance of wearing a helmet.
- **L.A. City's Violence Intervention Training Academy (LAVITA)** provides training and certification for intervention workers who work for agencies that have Gang Reduction and Youth Development contracts to reduce violence through mediation and intervention skills.
- **Violence Prevention Coalition of Greater Los Angeles (VPC)** whose mission is to be a powerful, unified voice, and a resource for organizations that are committed to developing healthy, safe communities, advocating for a prevention-based approach to reducing/eliminating violence, and creating social equity.
- **Hospitals Against Violence Empowering Neighborhoods (HAVEN)** dedicated to the eradication of preventable injuries by developing and supporting programs that prevent injuries. SFM Trauma Services spearheaded this effort to create a collaboration of Trauma Centers in Los Angeles County and community-based organizations dedicated to the prevention of traumatic injuries caused by violence. HAVEN was created in 2010 in response to the recognition that trauma is the number one killer of America's youth. HAVEN's mission is to use a collaborative effort to prevent injury, violence, and the associated consequences.

SFM is part of the Daughters of Charity Health System (DCHS) which operates six hospitals in California. Recently, the DCHS Board of Directors has been seeking the sale of its facilities and network in California. On October 10, 2014, the DCHS president and CEO announced the sale of its medical foundation and California network to Prime Healthcare Services and Prime Healthcare Foundation. A "Proposed Change in Control and Governance" was filed with the Attorney General's Office on October 24, 2014. It is anticipated that the Attorney General's review process will be completed in the first quarter of 2015.

Potential Impact of the Closure Of SFM's Trauma Center

Given the anticipated change in ownership of SFM, concerns have been raised as to whether or not the new owner would allow SFM to continue providing trauma services to the community. A potential closure of the Trauma Center at SFM would have a significant negative impact on the local community, EMS provider agencies, and surrounding hospitals and trauma centers. This adverse impact would include:

1. *Loss of a critical community resource for trauma services.* SFM's trauma services have provided an essential service to the region for nearly twenty years. The loss of any service at SFM, most notably the trauma service, would be a tremendous loss to the community and have far reaching negative consequences.

SFM provides an essential service to the community especially in light of the trauma center closure at Martin Luther King Drew Hospital (MLK) on March 1, 2005. SFM's willingness to work with the EMS Agency was critical in mitigating the impact of MLK's trauma closure. This is evidenced by the expansion of their original trauma catchment area in 2005 (see Figures 1 and 2 at end of document).

2. *Loss of geographic availability of trauma services for residents of South and South Eastern Los Angeles County.* SFM's current trauma catchment area includes the following communities with over 690,000 residents (population as of 2012):

- Bellflower (77,356)
- Compton – east unincorporated area (9,472)
- Cudahy (24,021)
- Downey (112,873)
- La Mirada (49,001)
- Lynwood (70,000)
- Norwalk (106,278)
- Paramount (54,680)
- Santa Fe Springs (16,767)
- South Gate (95,301)
- Watts – LA City (38,793)

The trauma catchment area also serves portions of Artesia, Bell, Bell Gardens, Cerritos, Huntington Park, Montebello, Long Beach, Pico Rivera, and Whittier.

3. *Possible increase in trauma diversion from the remaining trauma centers.* As a result of a loss of trauma services at SFM, the volume at surrounding trauma

centers would increase. If unable to manage the volume of trauma patients during peak times, this may lead to an increase in the trauma diversion rate, leading to longer transport times.

4. *Longer travel times to reach other trauma centers.* With the potential closure of SFM, patients may need to be transported for longer distances to reach the closest available trauma center. This presents a risk for patients given the importance of rapid, timely treatment for victims of trauma. Transport distances are shown in Table 3.

Table 3.

Trauma Center	Address	Miles from SFM
Long Beach Memorial Medical Center (LBM)	2801 Atlantic Ave. Long Beach	10.6
Harbor-UCLA Medical Center (HGH)	1000 W. Carson Ave. Torrance	12.1
LAC+USC Medical Center (USC)	1200 N. State St. Los Angeles	13.6

5. *Possible delays in obtaining prehospital emergency services.* As a result of longer out-of-service times for prehospital EMS personnel engaged in patient transports to more distant hospitals, patients may experience a delay in obtaining on-site prehospital emergency services after contacting 911.

Non-trauma SFM Services

In addition to trauma services, SFM provides numerous essential services to the community and to LA County Emergency Medical Services. SFM's current designations include:

- Basic Emergency Medicine Service Permit – sees over 75,000 ED patient visits annually
- 9-1-1 Receiving Center – receives over 12,000 9-1-1 transports annually
- Paramedic Base Hospital – one of the busiest private Paramedic Base Hospitals in the County providing on-line medical control to over 18,500 paramedic calls annually
- Emergency Department Approved for Pediatrics – sees over 7,000 pediatric patient visits annually
- ST Elevation Myocardial Infarction (STEMI) Center – designated in early 2014, receives an average of 17 STEMI patients monthly
- Stroke Center – recently designated in September 2014
- Perinatal Center
- Disaster Resource Center

Further, SFM also offers inpatient psychiatric stabilization services, a psychiatric outpatient program treating a wide range of mental health issues, and a Psychiatric Evaluation Team (PET) that conducts mobile crisis evaluation services by licensed mental health professionals. This team serves the County of Los Angeles in evaluating individuals who are experiencing, or are at risk of experiencing, a psychological crisis. Often, the team is called by family members, friends, clergy, or other concerned persons interested in the individual's welfare. Sometimes the evaluation requires a voluntary or involuntary hospitalization in order to stabilize the person in crisis. The team members have the legal authority per the Welfare and Institutions Code (WIC) 5150 to perform these assessments. In cases requiring involuntary hospitalizations, the team will arrange transport to a psychiatric facility in which help is available. While outside the scope of this report, the loss of SFM's mobile and hospital-based emergency and inpatient psychiatric services would have a deleterious effect on the community and surrounding public and private hospitals.

Options for Continuation of Trauma Services in Case of Closure of SFM Trauma Center

Should the trauma services at SFM close, the DHS EMS Trauma Center Service Agreement (TCSA), Section 1 Term, Item F, stipulates the following:

“Notwithstanding any other provision of this Agreement, either party may terminate this Agreement with or without cause by giving the other party at least sixty (60) days prior written notice thereof. This provision shall not affect County's right to terminate this Agreement for cause under Paragraph 37 of the Additional Provisions of the Agreement.”

Additionally, the TSCA, Section 3 Specific Roles and Responsibilities of County's Department of Health Services (County's Local Emergency Medical Services (EMS) Agency), Item M, states in the beginning:

“In the event that an existing Trauma Center ceases to participate in the advanced trauma system, the Department shall first attempt to reconfigure the trauma patient catchment areas so as to provide coverage for the area no longer served by such hospital by utilizing existing Trauma Centers.”

Item M, further states:

“If coverage cannot be provided by the use of existing Trauma Centers, the Director shall give written notice to Contractor and to all concerned designated Trauma Centers of any Department intention to seek a new hospital to provide the coverage.

Contractor and all other concerned designated Trauma Centers shall have the opportunity to provide written statements to Director within ten (10) days of receipt of such notification regarding the proposed change. If Contractor believes it would be adversely affected by the addition of a new Trauma Center in such circumstances, Contractor may present its complaint in accordance with the "due process" provisions specified in Paragraph 16 herein below prior to County designation of the new Trauma Center."

In case of the closure of SFM's trauma services, the LA County EMS Agency would carefully consider a variety of options to ensure provision of trauma services in the region currently served by SFM. Each of these options is relevant in specific time periods as outlined below.

Immediate Actions:

1. Reconfigure Trauma Patient Catchment Areas:

Based upon the requirements and processes outlined in the TCSA, the EMS Agency would reduce and/or eliminate SFM's trauma catchment area. To maintain comprehensive trauma service coverage, EMS would simultaneously expand the trauma catchment areas for Harbor-UCLA Medical Center (HGH), Long Beach Memorial Medical Center (LBM), and LAC+USC Medical Center (USC). The anticipated boundaries for each of the aforementioned trauma centers are represented in Figures 3 and 4.

2. Modify Prehospital Care Policy No. 506, Trauma Triage

Policy 506, Trauma Triage provides the guidance for paramedics by defining what type of patient injury and symptoms are taken to the nearest trauma center. The criteria listed in the policy have been modified over the years by utilizing data and recommendations from the American College of Surgeons and the County's Trauma Hospital Advisory Committee (THAC). The criteria, purposefully "over" triage the patients with injuries to go to trauma centers. Utilizing current data and EMS Agency would recommend to THAC modifications to the triage criteria that would decrease the overall number of patients sent to trauma centers. Minor trauma, with injuries known to be often discharged from the emergency department, could be sent to the nearest non-trauma emergency department for treatment. This option would need further analysis prior to presentation to THAC.

Short- and Long-Term Actions:

The EMS Agency would begin the process to establish a new trauma center in the affected geographic area. Designation of a new trauma center consists of multiple steps and takes

one to two years after the candidate hospital meets all basic requirements. As a necessary first step, the EMS Agency would perform a comprehensive community needs assessment in order to confirm the need and determine the optimal location of an additional trauma center within Los Angeles County.

Based on the results of this needs assessment, the EMS agency would amend the most current trauma plan to include a potential new trauma center and submit the amended plan to the State EMS Authority (EMSA) for approval. Such approval is required prior to implementing any changes in the LA County trauma system. Following the plan approval by EMSA, a Request for Applications (RFP) would be issued by the EMS Agency to hospitals in the geographic area of the County where a need has been identified. Upon review, scoring, and successful completion of negotiations with the selected applicant, DHS would recommend the applicant to the County Board of Supervisors for a Trauma Center Service Agreement.

Upon execution of the TCSA, the hospital would begin pre-designation activities as outlined in the Agreement. Pre-designation activities would include participation in the ACS *Consultation Program*. The *ACS Consultation Program* is designed to assist hospitals in the evaluation and improvement of trauma care and provide objective, external review of institutional capability and performance. These functions are accomplished by an on-site review of the hospital by a peer review team experienced in the field of trauma care. The team assesses commitment, readiness, resources, policies, patient care, performance improvement, and other relevant features of the program as outlined in the current edition of *Resources for Optimal Care of the Injured Patient*.

At the same time, EMS Agency would determine the optimal catchment area for the new trauma center, including proposed modifications of the catchment areas for existing LA County trauma centers. Such an assessment would take into account, among other factors, the capabilities of a new trauma center including the volume of trauma patients they would be able to handle given their facility size, infrastructure, etc.

Upon validation that the issues identified during the consultative review have been addressed, the EMS Agency arranges for a verification review by the ACS. Verification of a trauma center is the process by which the ACS confirms that the facility is performing as a trauma center and meets all necessary criteria contained in the current edition of the *Resources for Optimal Care of the Injured Patient*. Once the verification process has been successfully completed, trauma center designation can be finalized by the EMS Agency.

Conclusion

Since its designation as a trauma center in 1996, St. Francis has become a cornerstone of the LA County trauma network, managing over 2100 trauma cases per year, including managing the highest rate of penetrating trauma in Los Angeles County, and providing an invaluable service to the community through its multiple trauma prevention programs.

The withdrawal of SFM as a trauma center within the Los County system would be a significant loss to the community and would pose a substantial stress to surrounding trauma centers. Given the importance of SFM services to Los Angeles County, including trauma but also other medical and psychiatric services, and the time it would take for another hospital to build the necessary infrastructure, staffing, and processes required to be designated as a trauma center in South Los Angeles, DHS would support the recommendations included in the Impact Statement on the proposed sale of SFM as prepared by outside consultants for the Office of the California Attorney General, and ask that any sale, if it is allowed to proceed, would safeguard critical emergency, trauma, and psychiatric services for at least ten years². Suggested Conditions for Approval of the proposed sale of SFM are included in Attachment V. Regardless of the outcome of the Attorney General's review, it is important that Los Angeles County leadership, DHS, and the EMS Agency maintain a high level of communication with and support for SFM to ensure continuation of their trauma center designation, and/or to be able to immediately respond to any indications of change in commitment to trauma from the hospital leadership.

² Impact Statement available at: <http://oag.ca.gov/sites/all/files/agweb/pdfs/charities/pdf/st-francis-medical-center-ag-report.pdf>

Figure 1. SFM Trauma Catchment Area map, circa 2001

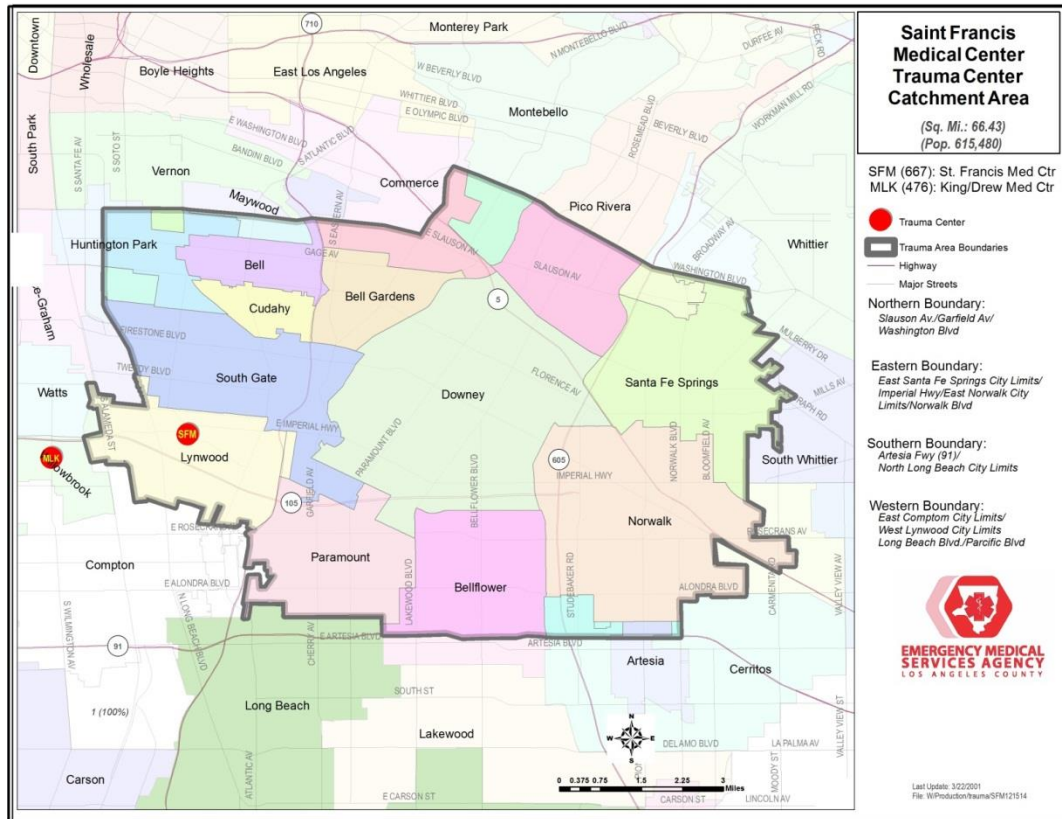


Figure 2. SFM Trauma Catchment Area map, circa 2007

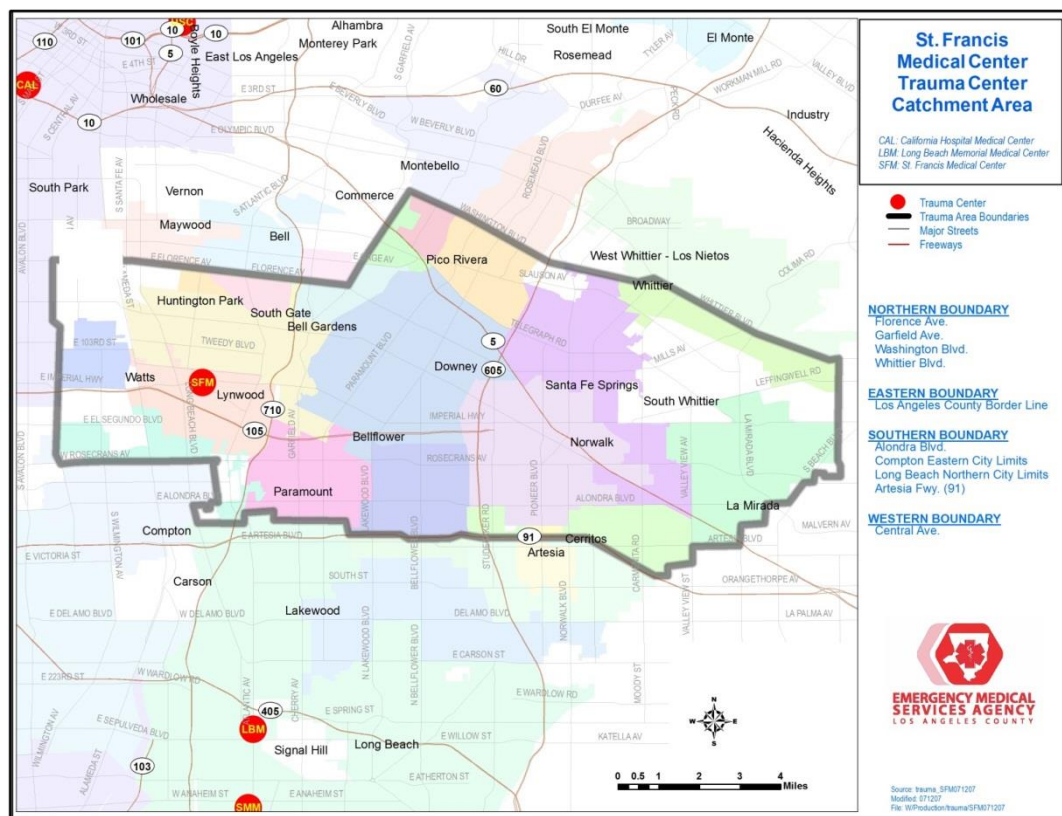
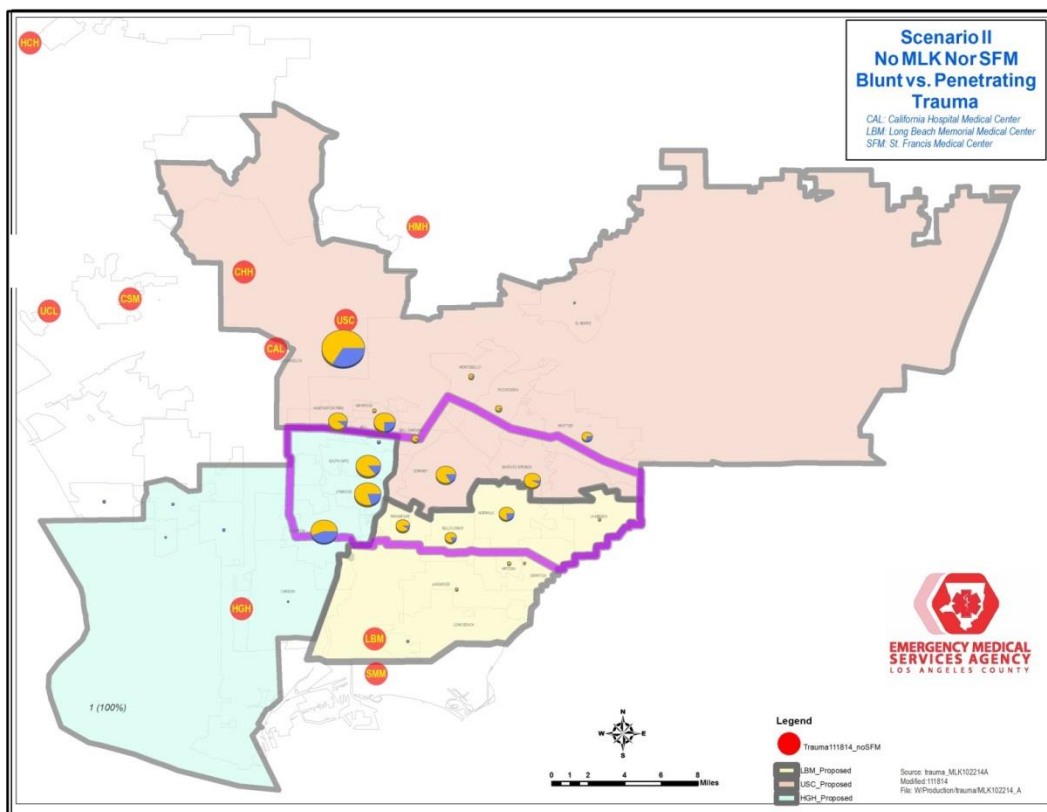


Figure 3. Trauma Catchment Area map, no MLK or SFM as Trauma Center option



Note: Purple outline designates current SFM catchment area.

Figure 4. Proposed Boundary Modifications, No MLK, no SFM option

Trauma Center	Existing Boundaries	Revised Boundaries (changes are noted in bold)
HGH	<p>Northern Boundary:</p> <ul style="list-style-type: none"> Rosecrans Ave. San Diego Fwy. (405) Century Fwy. (105) Crenshaw Blvd. Century Blvd. Central Ave. <p>Eastern Boundary:</p> <ul style="list-style-type: none"> Compton Eastern City Limits Alameda St. Sepulveda Blvd. Avalon Blvd. 	<p>Northern Boundary:</p> <ul style="list-style-type: none"> Rosecrans Ave. San Diego Fwy. (405) Century Fwy. (105) Crenshaw Blvd. Century Blvd. Central Ave. (north) Florence Ave. <p>Eastern Boundary:</p> <ul style="list-style-type: none"> Long Beach Fwy. (710) Paramount Western City Limits Alameda St. Sepulveda Blvd. Avalon Blvd.
LBM	<p>Northern Boundary:</p> <ul style="list-style-type: none"> North Long Beach City Limits Artesia Fwy. (91) 	<p>Northern Boundary:</p> <ul style="list-style-type: none"> Paramount Northern City Limits Bellflower Northern City Limits Norwalk Northern City Limits Imperial Hwy. La Mirada Northern City Limits
USC	<p>Southern Boundary:</p> <ul style="list-style-type: none"> Florence Ave. Garfield Ave. Washington Blvd. Whittier Blvd. 	<p>Southern Boundary:</p> <ul style="list-style-type: none"> Florence Ave. Long Beach Fwy. (710) South Gate Southern City Limits Downey Southern City Limits Santa Fe Springs Southern City Limits Imperial Hwy. La Mirada Northern City Limits

AGN. NO.

MOTION BY SUPERVISOR MARK RIDLEY-THOMAS

SEPTEMBER 16, 2014

Analysis on the Potential Loss of Trauma Services in South Los Angeles

The Daughters of Charity Health System (DCHS) operates several hospitals in California, including St. Francis Medical Center (St. Francis) in Lynwood. The DCHS network anticipates losing more than \$150 million this year and is currently seeking the sale of its facilities and network, either in whole or in part, to an operator that the DCHS board hopes will continue to provide essential healthcare services to the community.

Among the criteria the DCHS board is considering in selecting a buyer include funding of pension plans, willingness to invest in capital improvements, financial stability for future operations, a history of successfully managing hospitals in California, and the ability to close the sale on a reasonable timeline.

St. Francis is a 384-bed acute care hospital and offers a broad range of health services, including Behavioral Health Services, Community Clinics, a Heart and Vascular Center, Industrial and Occupational Medicine, Radiation Oncology and Rehabilitation Services. It operates the largest and busiest private emergency trauma

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MOLINA _____

RIDLEY-THOMAS _____

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ANTONOVICH _____

KNABE _____

**MOTION BY SUPERVISOR MARK RIDLEY-THOMAS
SEPTEMBER 16, 2014
PAGE 2**

center in Los Angeles County (County), treating 60,000 children and adults each year.

The trauma center at St. Francis has served the community as a Level II Trauma Center since 1996. One of the requirements of this certification dictates that trauma centers meet essential criteria and rigorous standards of trauma care capability and performance. Certified trauma centers must not only provide the resources necessary to treat traumatic injury, but the entire spectrum of care. Trauma centers are also expensive to operate. Thus, St. Francis plays an essential role in the region.

While delivering quality patient care, serving Medi-Cal and other patients and achieving financial success will be significant factors in evaluating potential buyers, there is no guarantee that a new owner will possess the same commitment to ensuring DCHS's legacy of compassionate and essential healthcare services to the community, particularly trauma care, in the portions of the County that are the most critically underserved.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Direct the Director of the Department of Health Services (DHS) to undertake an analysis of the impact loss of the Level II Trauma Center at St. Francis Medical Center on the trauma and emergency medical service system as a whole and in the region currently served by the facility;
2. Direct the Emergency Medical Services Commission to hold a public hearing and to provide advice and counsel to the Board of Supervisors

**MOTION BY SUPERVISOR MARK RIDLEY-THOMAS
SEPTEMBER 16, 2014
PAGE 3**

(Board) on DHS's analysis and feasibility report;

3. Direct the Director of DHS to work with the Martin Luther King, Jr. Community Hospital on the feasibility of establishing trauma services at the facility; and
4. Direct the Director of DHS to report back to the Board in 120 days outlining the consequences of a potential elimination of trauma services at St. Francis Medical Center and a list of options for replacing those services.

###

**SFM Impact Analysis Report
Attachment II**

AGN. NO. 10

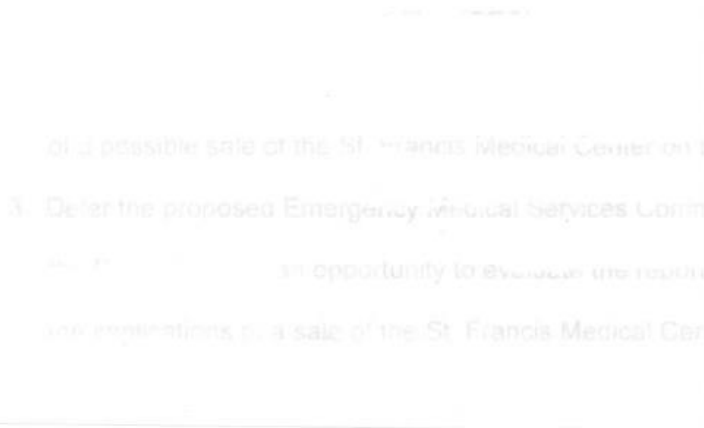
MOTION BY SUPERVISOR ZEV YAROSLAVSKY

September 16, 2014

Amendment to Item #10

I, THEREFORE, MOVE that the Board of Supervisors:

1. Send a 5-signature letter to the Attorney General urging her to help protect Los Angeles County residents by supporting the continued operations of the Level II Trauma Center at St. Francis Medical Center. The letter should also express the County's strong opposition to the potential sale of St. Francis hospital to a buyer who would reduce these critical trauma services.



ES S:\Motions\St. Francis Trauma Center

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MOLINA _____
RIDLEY-THOMAS _____
YAROSLAVSKY _____
ANTONOVICH _____
KNABE _____



SACHI A. HAMAI
EXECUTIVE OFFICER

**COUNTY OF LOS ANGELES
BOARD OF SUPERVISORS**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 383
LOS ANGELES, CALIFORNIA 90012
(213) 974-1411 • FAX (213) 620-0636

MEMBERS OF THE BOARD

GLORIA MOLINA

MARK RIDLEY-THOMAS

ZEV YAROSLAVSKY

DON KNABE

MICHAEL D. ANTONOVICH

September 23, 2014

The Honorable Kamala D. Harris
Attorney General, State of California
1300 I Street, Suite 1740
Sacramento, CA 95814

Dear Attorney General Harris:

We are writing to urge your assistance in protecting Los Angeles County residents by supporting continued operations of the Level II Trauma Center at St. Francis Medical Center which is located in Lynwood.

St. Francis operates one of the 14 trauma centers in Los Angeles County with a population of over 10 million residents. The service area covered by St. Francis, in which emergency patients are taken directly to the hospital by 991 personnel, has over 690,000 residents. This service area is in southeast Los Angeles County and includes the communities of: Lynwood, South Gate, Cudahy, Paramount, Downey, Bellflower, East Compton, Santa Fe Springs, Norwalk, La Mirada; and the communities of Willowbrook and Watts within the City of Los Angeles. The center's catchment area also serves portions of nine additional communities in the County. Over 2,000 injured patients are seen annually in the trauma center, about nine percent of the County's overall trauma volume.

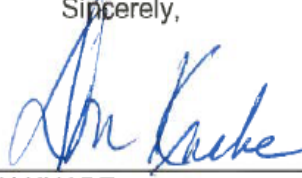
The owners of St. Francis have recently announced their intention to sell the medical center. The Board of Supervisors strongly opposes the sale of the hospital to any buyer who would eliminate or reduce trauma services to residents of the communities currently served by St. Francis. The elimination of trauma services at St. Francis would significantly impact the County's trauma and emergency safety net, and would require shifting trauma and emergency patients to other hospitals. This would result in longer transport and wait times for patients needing critical, life-saving trauma and emergency care.

The Honorable Kamala D. Harris
September 23, 2014
Page 2

We urge you to use your authority as Attorney General to require any buyer of the St. Francis Medical Center to maintain all existing services currently provided by the hospital, including Level II trauma care.

Your consideration of this important request is greatly appreciated.

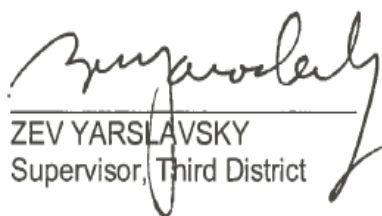
Sincerely,



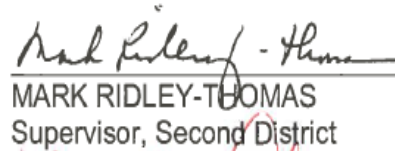
DON KNABE
Chairman of the Board
Supervisor, Fourth District



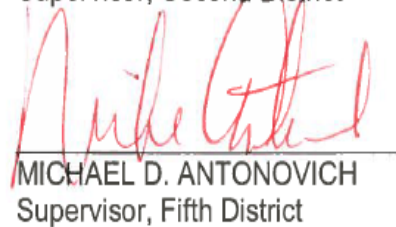
GLORIA MOLINA
Supervisor, First District



ZEV YARSLAVSKY
Supervisor, Third District



MARK RIDLEY-THOMAS
Supervisor, Second District



MICHAEL D. ANTONOVICH
Supervisor, Fifth District

**SFM Impact Analysis Report
Attachment IV**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **TRAUMA TRIAGE**

(EMT, PARAMEDIC, MICN)
REFERENCE NO. 506

PURPOSE: To establish criteria and standards which ensure that patients requiring the care of a trauma center are appropriately triaged and transported.

AUTHORITY: California Code of Regulations, Title 13, Section 1105(c) California Code of Regulations, Title 22, Section 100236 et seq. Health and Safety Code, Div. 2.5, Section 1797 et seq., and 1317.

PRINCIPLES:

1. Trauma patients should be secured and transported from the scene as quickly as possible, consistent with optimal trauma care.
2. An emergency patient should be transported to the most accessible medical facility appropriate to their needs. The base hospital physician's determination in this regard is controlling.
3. Paramedics shall make base hospital contact or Standing Field Treatment Protocol (SFTP) notification for approved provider agencies with the designated trauma center, when it is also a base hospital, on all injured patients who meet Base Contact and Transport Criteria (Prehospital Care Policy, Ref. No. 808), trauma triage criteria and/or guidelines, or if in the paramedic's judgment it is in the patient's best interest to be transported to a trauma center. Contact shall be accomplished in such a way as not to delay transport.
4. Do not delay transport of hypotensive patients with penetrating torso trauma in order to apply spinal immobilization.
5. EMT personnel may immediately transport hypotensive patients with life-threatening, penetrating injuries to the torso to the closest trauma center, not the Most Accessible Receiving (MAR), when the transport time is less than the estimated time of paramedic arrival. The transporting unit should make every effort to contact the receiving trauma center.

POLICY:

- I. Trauma Criteria – Requires immediate transportation to a designated trauma center

Patients who fall into one or more of the following categories are to be transported directly to the designated trauma center, if transport time does not exceed 30 minutes.

- A. Systolic blood pressure less than 90 mmHg, or less than 70 mmHg in infants age less than one year.

EFFECTIVE DATE: 6-15-87

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REVISED: 07-01-14

SUPERSEDES: 01-23-14

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

SFM Impact Analysis Report Attachment IV

SUBJECT: **TRAUMA TRIAGE**

REFERENCE NO. 506

-
- B. Respiratory rate greater than 29 breaths/minute (sustained), less than 10 breaths/minute, less than 20 breaths/minute in infants age less than one year, or requiring ventilatory support
 - C. Cardiopulmonary arrest with penetrating torso trauma unless based upon the paramedic's thorough assessment is found to be apneic, pulseless, asystolic, and without pupillary reflexes upon arrival of EMS personnel on scene.
 - D. All penetrating injuries to head, neck, torso, and extremities proximal to the elbow or knee
 - E. Blunt head injury associated with a suspected skull fracture, altered level of consciousness (GCS less than or equal to 14), seizures, unequal pupils, or focal neurological deficit
 - F. Injury to the spinal column associated with acute sensory or motor deficit
 - G. Blunt injury to chest with unstable chest wall (flail chest)
 - H. Diffuse abdominal tenderness
 - I. Suspected pelvic fracture (excluding isolated hip fracture from a ground level fall)
 - J. Extremity injuries with:
 - i. Neurological/vascular compromise and/or crushed, degloved, or mangled extremity
 - ii. Amputation proximal to the wrist or ankle
 - iii. Fractures of two or more proximal (humerus/femur) long-bones
 - K. Falls:
 - i. Adult patients from heights greater than 15 feet
 - ii. Pediatric patients from heights greater than 10 feet, or greater than 3 times the height of the child
 - L. Passenger space intrusion of greater than 12 inches into an occupied passenger space
 - M. Ejected from vehicles (partial or complete)
 - N. Auto versus pedestrian/bicyclist/motorcyclist thrown, run over, or with significant (greater than 20 mph) impact
 - O. Unenclosed transport crash with significant (greater than 20 mph) impact
- II. Trauma Guidelines – Mechanism of injury and patient history are the most effective methods of selecting critically injured patients before unstable vital signs develop. Paramedics and base hospital personnel should consider mechanism of injury and patient history when determining patient destination. At the discretion of the base hospital or approved SFTP provider agency, transportation to a trauma center is advisable for:
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SFM Impact Analysis Report Attachment IV

SUBJECT: **TRAUMA TRIAGE**

REFERENCE NO. 506

- A. Passenger space intrusion of greater than 18 inches into any unoccupied passenger space
 - B. Automobile versus pedestrian/bicyclist/motorcyclist (impact equal to or less than 20 mph)
 - C. Injured victims of vehicular crashes in which a fatality occurred in the same vehicle
 - D. Patients requiring extrication
 - D. Vehicle telemetry data consistent with high risk of injury
 - E. Injured patients (excluding isolated minor extremity injuries):
 - i. on anticoagulation therapy other than aspirin-only
 - ii. with bleeding disorders
- III. Special Considerations – Consider transporting injured patients with the following to a trauma center:
- A. Adults age greater than 55 years
 - B. Systolic blood pressure less than 110 mmHg may represent shock after age 65 years
 - C. Pregnancy greater than 20 weeks gestation
 - D. Prehospital judgment
- IV. Extremis Patients - Requires immediate transportation to the MAR:
- A. Patients with an obstructed airway
 - B. Patients, as determined by the base hospital personnel, whose lives would be jeopardized by transportation to any destination but the MAR
- V. When, for whatever reason, base hospital contact cannot be made, the destination decision for injured patients will be made by paramedics using the principles set forth above.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 501, **Hospital Directory**

Ref. No. 502, **Patient Destination**

Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**

Ref. No. 504, **Trauma Patient Destination**

Ref. No. 808, **Base Hospital Contact and Transport Criteria**

Ref. No. 814, **Determination/Pronouncement of Death in the Field**

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CONDITIONS OF APPROVAL FOR ATTORNEY GENERAL
Attachment V

ST. FRANCIS MEDICAL CENTER TRANSACTION
CONDITIONS OF APPROVAL FOR ATTORNEY GENERAL

For at least ten years from the closing date of the transaction, the Hospital shall maintain, at a minimum, the following:

- The level of staffing that existed for Fiscal Year 2013-14 for all Bed Classifications/Services listed on the hospital license during that period.
- 24 hour emergency medical services at the current licensure, including 46 emergency treatment stations, with other types and/or levels of service and capacity that existed for Fiscal Year 2013-14, and designation as an Emergency Department Approved for Pediatrics (EDAP) and STEMI Receiving Center, and advanced certification as a Primary Stroke Center.
- 24 hour trauma services at the current designation (Level II), with the types and/or levels of service and capacity that existed for Fiscal Year 2013-14, meeting all requirements under state law and regulation, and Los Angeles County Emergency Medical Services (EMS) Agency Prehospital Care Policies and Procedures.
- Designation as a paramedic base station, with the same number of assigned paramedic units that existed as of January 2015.
- (A) written agreement(s) to maintain trauma services designation as a Level II Trauma Center and designation as a paramedic base hospital, upon request by the Los Angeles County EMS Agency. It is intended that the purpose of such agreement(s) is/ are to memorialize the operational and other requirements for the provision of trauma and/or paramedic base hospital services and define the parties' responsibilities, and there shall be no requirement that such agreement(s) include financial compensation to the Hospital.
- Inpatient psychiatric services for 40 acute psychiatric beds.
- Designation as a 5150 Receiving Facility, with the types and/or levels of service and capacity that existed for Fiscal Year 2013-14 , meeting all requirements under Welfare and Institutions Code section 5150 and other state laws and regulations, including the types and/or levels of service and capacity of the psychiatric evaluation team that existed for Fiscal Year 2013-14.
- (A) written agreement(s) to maintain inpatient psychiatric services as per Welfare and Institutions Code section 5000 and current designation as a 5150 Receiving Facility, upon request by the Los Angeles County Department of Mental Health. It is intended that the purpose of such agreement(s) is/are to memorialize the operational and other requirements and define the parties' responsibilities, and there shall be no requirement that such agreement(s) include financial compensation to the Hospital.